



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – Nelson J. Sabatini, Secretary

TO: ADAA Certified Addictions Outpatient Program Providers
Licensed Professional Counselors,
Nurse Psychotherapists,
Psychologists,
Social Workers and
Mental Health Group Therapy Providers

FROM: Susan J. Tucker *Susan J. Tucker* Joseph E. Davis *Joseph E. Davis*
Executive Director Executive Director
Office of Health Services Office of Operations, Eligibility & Pharmacy

DATE: September 21, 2004

NOTE: Please ensure that appropriate staff members in your organization and other appropriate contacts are informed of the contents of this transmittal

RE: Procedure code and electronic billing changes

Maryland Medicaid is changing the procedure codes and billing formats used to submit Medicaid fee-for-service claims. These changes are being made to comply with the Health Insurance Portability and Accountability Act (HIPAA).

This memo discusses HIPAA-related changes for:

- Outpatient addiction services by certified ADAA programs for children under age 21,
- Outpatient addiction services by certified ADAA programs for pregnant and post-partum women,
- Outpatient addiction services for children under age 21 by licensed professional counselors, nurse psychotherapists, psychologists, and social workers,
- Mental health counseling services for children whose primary diagnosis is not one of those covered by the specialty mental health system by licensed professional counselors, nurse psychotherapists, psychologists, and social workers
- Electronic billing information.

Outpatient Addiction Services by Certified ADAA Programs

For dates of service on or after October 1, 2004, you should no longer bill with the current "W" procedure codes for fee-for-service outpatient addiction services. Instead, you should bill with the standardized Healthcare Common Procedure Coding System (HCPCS) "H" codes listed on the next two tables.

Medicaid will not reimburse you for services billed with the "W" codes on and after October 1, 2004.

Outpatient addiction services under the Early and Periodic Screening Diagnosis and Treatment (EPSDT) Program cover assessment and treatment for Medicaid children less than 21 years of age.

Procedure Code Changes for Outpatient Addiction Services by Certified ADAA Programs <i>EPSDT: For Children less than 21 years of age</i>			
Current Code	New Code (dates of service on and after 10/1/04)	Code Description	Maximum Units
W9108	H0001	Alcohol and Drug Abuse Assessment	Up to one assessment per day per client
W9109	H0005	Group Counseling- Alcohol and/or Drug Services	Up to two units per day (one unit = 1 hour)
W9109	H0015	Group Intensive Outpatient Program – Alcohol and/or Drug Services *	Up to five units per day (one unit = 1 hour)
W9108	H2035	Individual – Alcohol and/or Drug Treatment	Up to one service per day (one service = 1 hour)
<ul style="list-style-type: none"> Note: To receive reimbursement for Intensive Outpatient Program – Alcohol and/or Drug Services, you must be certified as an Intensive Outpatient Program through the Alcohol and Drug Abuse Administration. 			

Medicaid also covers outpatient addiction services for pregnant and post-partum women. When billing for pregnant and post-partum women, using the modifier "TH" after the appropriate 5-digit procedure code.

Procedure Code Changes for Outpatient Addiction Services by Certified ADAA Programs <i>Pregnant and Post-Partum Women</i>			
Current Code	New Code and modifier (dates of service on and after 10/1/04)	Code Description	Maximum Units
W9100	H0001 TH	Alcohol and Drug Abuse Assessment	Up to one assessment per day per client
W9101	H0005 TH	Group Counseling- Alcohol and/or Drug Services	Up to two units per day (one unit = 1 hour)
W9101	H0015 TH	Group Intensive Outpatient Program – Alcohol and/or Drug Services *	Up to five units per day (one unit = 1 hour)
W9100	H2035 TH	Individual – Alcohol and/or Drug Treatment	Up to one service per day (one service = 1 hour)
<ul style="list-style-type: none"> Note: To receive reimbursement for Intensive Outpatient Program – Alcohol and/or Drug Services, you must be certified as an Intensive Outpatient Program through the Alcohol and Drug Abuse Administration. 			

Mental Health Counseling Services and Outpatient Addiction Services by Licensed Professional Counselors, Nurse Psychotherapists, Psychologists, and Social Workers

Mental health counseling services for children without a specialty mental health diagnosis are provided either by the recipient's managed care organization, if the recipient is enrolled in HealthChoice, or by Medicaid's fee-for-service system when the recipient is eligible for fee-for-service health care. Specialty mental health services are accessed through the Public Mental Health System.

For dates of service on or after September 1, 2004, licensed professional counselors, nurse psychotherapists, psychologists, and social workers delivering fee-for-service mental health counseling for children without a specialty mental health diagnosis must bill with a new

procedure code. The HCPCS code "H2017" will replace the three local codes that are currently being used.

Procedure Code Changes for Primary Mental Health Services			
Current Codes	New Code (dates of service on and after 9/1/04)	Code Description	Maximum Units
H5010 H5015 Intensive Outpatient 75-80 Minutes H5020 Group Therapy	H2017	Psychosocial Rehabilitation Services	Up to four units per day (one unit = 15 minutes)

Licensed professional counselors, nurse psychotherapists, psychologists, and social workers delivering outpatient addiction services must use the new "H" procedure codes for outpatient addiction services rather than the current mental health codes. Providers will continue to receive their current Medicaid reimbursement.

Procedure Code Changes for EPSDT Outpatient Addiction Services for Children less than 21 years of age			
Current Codes	New Code (dates of service on and after 10/1/04)	Code Description	Maximum Units
W9108	H0001	Alcohol and Drug Abuse Assessment	Up to one assessment per day per client
W9109	H0005	Group Counseling - Alcohol and/or Drug Services	Up to two units per day (one unit = 1 hour)
W9108	H2035	Individual – Alcohol and/or Drug Treatment	Up to one service per day (one service = 1 hour)

Billing Changes

Electronic Transactions

All electronic transactions must be submitted as a HIPAA compliant X12N837P transaction. Please consult your Information Technology staff or billing software vendor regarding these formats. Companion Guides, developed by the Department of Health and Mental Hygiene (DHMH) to assist providers with the ASC X12N Transactions, can be found at: <http://www.dhmh.state.md.us/hipaaa/transandcodesets.html>.

Providers who send electronic transmissions directly to Medicaid must test for HIPAA Compliance before they can transmit actual claims. DHMH offers free testing for its trading partners which can be accessed at: <http://www.dhmh.state.md.us/hipaa/testinstruct.html>. This testing tool provides information on test files and errors.

Trading Partner Agreement and Submitter Identification Form

We have attached a copy of our Trading Partner Agreement and Submitter Identification Form. If you have not already done so, please return the completed forms as follows:

Pay-to-Providers: The Program must have both the Trading Partner Agreement and Submitter Identification Form on file before accepting any HIPAA transactions including 837 claims.

Rendering Providers (Provider who does not directly bill the Program, but submits claims through a group practice): The Program must have the Trading Partner Agreement on file before any HIPAA transactions such as the X12N 270/271 (Eligibility Inquiry and Response) can occur.

Each form has a contact phone number if you have additional questions. It is imperative that you complete the necessary form(s) and return them prior to submitting electronic transactions. Please mail the agreements to:

Rita Tate
Attn: HIPAA Billing Agreements
201 W. Preston St., Room LL3
Baltimore, MD 21201

Paper Transactions

Providers using a paper claim may continue to use a modified CMS 1500 (HCFA 1500).